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|---|----------------------------------|---|------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |                                  | Docket Number (Optional)<br>5486-0125PUS1 |                  |
| Application Number  | 10/809,088-Conf. #7665           | Filed                                     | March 25, 2004   |
| For Settings and constraints validation to enable design for operations   |                                  |   |                  |
| Art Unit  | 2825                             | Examiner                                  | S. Memula        |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |   |                  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |   |                  |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | Fee                                       | Small Entity Fee |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))   | \$120                                     | \$60             |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$450                                     | \$230            |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1050                                    | \$525            |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$1640                                    | \$820            |
| <input type="checkbox"/>  |                                  | \$2230                                    | \$1115           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |   |                  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |   |                  |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                  |   |                  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. |                                  |   |                  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |                                  |   |                  |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                  |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |                                  |   |                  |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |                  |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>29,680</u>  |                                  |   |                  |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |                                  |   |                  |
| Registration number if acting under 37 CFR 1.34 _____   |                                  |   |                  |
| <u>Jan [Signature]</u><br>Signature   |                                  | <u>November 28, 2007</u><br>Date          |                  |
| <u>Michael K. Mutter</u><br>Typed or printed name   |                                  | <u>(703) 205-8000</u><br>Telephone Number |                  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |                                  |   |                  |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |   |                  |